



**Department of Veterans Affairs
Veterans Health Administration**



Special Disability Programs
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Special Disability Programs (SDPs) & CARES: Assumptions

- CARES is committed to addressing capital asset needs of SDPs.
- Legislative Mandates for capacity will be incorporated into CARES planning.
- Forecasts for *more* demand than is mandated will be used for planning.

Special Disability Programs (SDPs)

- ◆ **Focus on VA SDPs with Congressionally mandated capacity requirements:**
 - ◆ **Blind Rehabilitation**
 - ◆ **Mental Health (SCMI, PTSD, Substance abuse)**
 - ◆ **Homeless**
 - ◆ **Spinal Cord Injury & Disorders (SCI/D)**
 - ◆ **Traumatic Brain Injury (TBI)**
- ◆ **Program officials involved in CARES process**

CARES Planning Model

- ◆ A Health Care Services Demand Model
- ◆ Projects utilization and expenditures for the enrolled veteran population
- ◆ Private sector benchmarks, adjusted for VA enrollees & VA health care delivery sys.
- ◆ Detailed projections for approx. 50 health care svc categories by yr for next 20 yrs



Planning Model Caveats

- ◆ Long-term planning is not an exact science.
- ◆ The CARES model is not perfect – but it is being constantly re-examined and improved.
- ◆ Multiple unpredictable variables may affect the application of the model.
- ◆ CARES planning models are not designed for budget, resource allocation, or service-level planning.

Special Program Forecasts: Caveats

- The CARES demand forecasting model is designed for macro-level not small program planning.
- No private sector benchmarks exist for VA's special disability programs.
- Current constraints on utilization may affect predicted future demand.
- Alternative forecasting methodologies had to be developed.

Process for CARES SDP Planning (1)

- Clinical leaders of the SDPs & investigators were matched with data mgt. & actuarial experts.
- A separate SDP PI Team met beginning in Nov. '02 thru the end of Jan. '03.
- CACI/Milliman participated as appropriate.

Process for CARES SDP Planning (2)

- Program leaders were engaged to improve planning for the SDPs.
- SDP PI selection deadline was extended through the end of January.
- SDP PIs were incorporated into VISN-level Market Plans by mid-Feb.'03.

SDP – Alternative Forecasting Methods

- Define & distinguish “Special disability patient populations” vs. “Special disability services & programs”
- Assess needs for service
- Use enrollment projections to account for actuarial shifts over time

SDP – Alternative Forecasting Methods (2)

■ SDP needs assessment

complicated by:

- ✓ Lack of external benchmarks
- ✓ Lack of outcome data (some SDPs)
- ✓ Small numbers
- ✓ Policy-driven vs. data-driven programs

Special Disability Programs: Update/Status

- ◆ **Mental Health – Seriously & chronically mentally ill, Substance abuse, PTSD, & Homeless (*under continued study*):**
 - ◆ No Negative Outpatient PIs.
 - ◆ Domiciliary Beds held constant (FY01 levels)
 - ◆ MH non-benchmarked programs held constant (FY01 levels)
- ◆ **Traumatic Brain Injury (TBI) – no change (included in general projections and *under study*).**

Methodological Approach: Blind Rehab & SCI Programs

1. Prevalence of Special Disability Group (SDG) in the veteran population is derived from external studies.
2. Enrollment projections by health care priority group used in the overall CARES demand model are applied to the target group to obtain enrolled SPG by VISN.

Methodological Approach: Blind Rehab & SCI Programs

3. Utilization rates based on actual FY01 experience by VISN.
4. Appropriate utilization rates: applied to projection years (through 2022).

PI Selection Criteria

- *Gaps* – how to define for the “SDPs”?
- Need for a defensible, data-driven process - *similar to CARES in general:*
 - *Grounding* in workload & population data essential to meet departmental goals, convince Congress, & GAO
 - Facility/space needs may be considered (functional space assessments)
- Shifts in program emphasis considered

Blind Rehab – Summary of PIs

- ◆ 2 new BRCs (meeting 20-bed threshold) in VISNs 16 and 22.
- ◆ VISOR (Visual Impairment Services Outpt. Rehab) programs in VISNs currently without BRCs or BRC PI.
- ◆ Restoration of bed capacity in VISNs with BRCs.

SCI/D – Summary of PIs

- ◆ 4 new SCIUs (meeting 20-bed threshold) in VISNs 2, 16, 19 & 23.
- ◆ Bed expansion in VISN 7.
- ◆ Address possible SCI bed relocation issues in VISN 3.
- ◆ LTC development in Tampa, Memphis, and VISN 22.



SDPs & CARES – Summary & Conclusions

- CARES has developed PIs for Blind Rehab & SCI/D.
- Existing capacity for the other SDPs [SMCI, PTSD, Dom, and TBI] will be maintained.
 - Being studied further for incorporation into on-going strategic planning (operational & policy) and into the next cycle of CARES (capital assets).